

When one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	192	State Index No. <u>1092</u>
District of <u>Pine</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No.
Town of <u>Pine</u>			Local Registrar's No.
or			
City of	(No. St; Ward)		
FULL NAME OF CHILD <u>Ina Hunt</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth
			Legitimate? <u>Yes</u>
			Date of Birth <u>Dec. 24th</u> 191 <u>6</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>John Hunt</u>		Full Maiden Name <u>Annie Belle Lazen</u>	
Residence <u>Pine Arizona</u>		Residence <u>Pine Arizona</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>34</u> (Years)		Age at last Birthday <u>33</u> (Years)	
Birthplace <u>Pine Arizona</u>		Birthplace <u>Pine Arizona</u>	
Occupation <u>Cattleman</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>5</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child; and that it occurred on Dec 24th 1916, at M.

{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Annabelle Leonard
(Attending physician, midwife, householder, *)

Address Pine Arizona

Given or christian name added from a supplemental report 191.....

Filed 191.....

983-1224-139
COUNTY REGISTRAR.

Filed March 5 1917 A True Copy
LOCAL REGISTRAR.
COUNTY REGISTRAR.